

AUG 0 1 2005

## TRANSMITTAL FORM

Attorney Docket No.  
**BC9-99-069**  
**1504P**In re the application of **JENNIE CHING, et al.**Confirmation No: **6617**Serial No: **09/523,832**Group Art Unit: **2144**Filed: **March 13, 2000**Examiner: **Thompson, Marc D.**For: **Method and System for Efficient File Transfer To/From A Local Traffic System With a DMD System**

## ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/>	Amendment/Reply	<input type="checkbox"/>	Assignment and Recordation Cover Sheet	<input type="checkbox"/>	After Allowance Communication to Group
<input type="checkbox"/>	After Final	<input type="checkbox"/>	Part B-Issue Fee Transmittal	<input type="checkbox"/>	Notice of Appeal
<input type="checkbox"/>	Information disclosure statement	<input type="checkbox"/>	Letter to Draftsman	<input type="checkbox"/>	Appeal Brief
<input type="checkbox"/>	Form 1449	<input checked="" type="checkbox"/>	1 Sheet of Replacement Drawings (Figure 1)	<input type="checkbox"/>	Status Letter
<input type="checkbox"/>	(X) Copies of References	<input type="checkbox"/>	Petition	<input checked="" type="checkbox"/>	Postcard
<input type="checkbox"/>	Extension of Time Request *	<input type="checkbox"/>	Fee Address Indication Form	<input type="checkbox"/>	Other Enclosure(s) (please identify below):
<input type="checkbox"/>	Express Abandonment	<input checked="" type="checkbox"/>	Terminal Disclaimer		
<input type="checkbox"/>	Certified Copy of Priority Doc	<input type="checkbox"/>	Power of Attorney and Revocation of Prior Powers		
<input type="checkbox"/>	Response to Incomplete Appln	<input type="checkbox"/>	Change of Correspondence Address		
<input type="checkbox"/>	Response to Missing Parts	*Extension of Term: Pursuant to 37 CFR 1.136, Applicant petitions the Commissioner to extend the time for response for xxxxx month(s), from to .			
<input type="checkbox"/>	Executed Declaration by Inventor(s)				

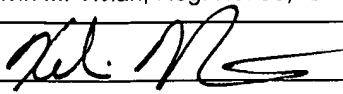
## CLAIMS

FOR	Claims Remaining After Amendment	Highest # of Claims Previously Paid For	Extra Claims	RATE	FEE
Total Claims	22	20	2	\$ 50.00	\$ 100.00
Independent Claims	3	3	0	\$200.00	\$ 0.00
Total Fees					\$ 100.00

## METHOD OF PAYMENT

<input checked="" type="checkbox"/>	Charge \$ <u>230.00</u> to Deposit Account No. <u>09-0460</u> (IBM Corporation) for payment of fees. Terminal Disclaimer \$130.00; Excess Claims Fees \$100.00
<input checked="" type="checkbox"/>	Charge any additional fees or credit any overpayment to Deposit Account No. <u>09-0460</u> (IBM Corporation)

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Attorney Name	Kelvin M. Vivian, Reg. No. 53,727
Signature	
Date	July 26, 2005

## CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on July 26, 2005	
Type or printed name	Irena Nikolova
Signature	